



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: SERVICES

Subject: Personal Assistance

References: ARM: 37.40.1447 and 37.40.1449

DEFINITION

Personal assistance services under the Home and Community Based Services Program (HCBS) may include supervision for health and safety reasons, socialization, escort and transportation for non-medical reasons, specially trained attendants for members with extensive needs, or an extension of State Plan personal assistance services (when State Plan needs exceed the limits of that program).

GENERAL PROVISIONS AND SERVICES

A personal assistance is an employee of a provider agency. Personal assistance services must meet the following criteria:

1. Personal assistance services must be provided by a provider under contract with the Department to provide State Plan personal assistance or specially trained attendant services.
2. Members may use any combination of agency-based and self-directed services for HCBS and State Plan services. A member may **not** use both options for State Plan services alone.
3. Members who are not currently enrolled in the self-direct personal assistance program may self-direct their HCBS waiver personal assistance as long as they meet capacity as determined by Mountain Pacific Quality Health (MPQH). The case management team (CMT) is responsible to refer these members to MPQH to have a capacity assessment completed. The capacity referral is made by using the Personal Assistance Services Consumer Referral/Overview (DPHHS-SLTC-154). Refer to HCBS 799-2.

**REFERRAL
PROCEDURES**

All referral for HCBS personal assistance services to HCBS members must be forwarded to the provider agency. This referral should document the span of time the authorized units cover. On-going communication with the agency and the member is required in order to assure that both understand that the rate of utilization is member driven, but that the number of units authorized is to cover the entire time span and will **not** be increased to cover over utilization. This communication will also help to assure that the authorization is appropriate to meet the member's needs throughout the service plan year.

**PERSONAL
ASSISTANCE
SERVICES
MANUAL**

The Department has developed a manual for personal assistance provider agencies that outlines all policies and procedures relating to the personal assistance services program. This manual should be referred to for policy information regarding the extension of State Plan services.

**EFFECT ON
PLAN OF
CARE COSTS**

Only those personal assistance services provided under HCBS are included on the HCBS services plan cost sheet. The provision of State Plan personal assistance services as defined in ARM 37.40.1101-1102 should be reflected on the "Other Treatment/Therapies" section on the HCBS plan of care.

**SERVICE
LIMITATIONS**

Personal assistance services (with the exception of social PCA that is beyond what is required to be provided by the facility) are not allowed for a member residing in adult residential settings.

**PAYMENT TO
LEGALLY
RESPONSIBLE
INDIVIDUALS**

Payment for this service may be made to legally responsible individuals, if program criteria are met. Refer to HCBS 604-1.

NOTE: It is never appropriate to authorize state plan personal assistance through HCBS waiver so that a legally responsible individual can be paid to provide that service. HCBS waiver personal assistance must meet criteria as listed in definition on page 1 of this section.

**NURSE
SUPERVISION
FOR PERSONAL
ASSISTANTS**

This service may be authorized if the member is receiving waiver only services from a personal assistance agency and requires a nurse for the supervision of the HCBS specific personal assistance. An authorized personal assistance provider must provide nurse supervision. This service is billable under procedure code T1019 UA TE. Billable time for nurse supervision is:

1. Intake time. This includes the time to complete the plan for services and orient the member to the program in the member's home.
2. Time spent in providing specific member orientation or training to an attendant if the service is agency-based. This **DOES NOT** include going over the schedule.
3. Time spent charting specific to one member. This would include such activities as incident reporting and service plan development.
4. Time spent in case conferences with other providers, the member and/or other family members.

**SHARED
SERVICE
DELIVERY**

Shared service delivery is possible in accessible space apartment living complexes however, not all of them provide this service at this time. These complexes are currently in the following communities: Missoula, Great Falls, Helena, Kalispell, Bozeman and Billings. There is a daily rate for the supervisory time and the pull cord time that will be billed under the PCA/per diem code T1020UA. Refer to HCBS 699-3. This does not include the cost for the emergency call system.

Retainer payments for hospitalizations will be considered on an individual basis and if there are extensive vacancy days due to holidays or vacations, a meeting will be set up with members to address coverage issues.

The daily rate is as follows:

1. If there are only 5 members requesting the service, it will not be available.
2. For 6-8 members the rate is \$9.27/day from each member's service plan.

3. For 9-11 members the rate is \$8.86/day.
4. For 12 or more members the rate is \$8.45/day.

**SPECIALLY
TRAINED
ATTENDANT**

Specially Trained Attendant (STA) care is an option under HCBS waiver personal assistance that provides specialized supportive services to a member.

These care services may include:

1. Money Management
2. ADL/IADL and Socialization/Supervision for individuals whose disability requires services by an attendant with additional training.
3. STA/Life Coach that assist individuals to acquire, retain and improve self-help, socialization and adaptive skills necessary to reside successfully in home and community settings.
4. Private-duty nursing (PDN) for individuals who receive continuous and extensive nursing services.

STA requirements:

1. Money Management: These providers are not required to have basic PAS training.
2. ADL/IADL and Socialization/Supervision: This service is intended for an individual whose disability requires services by an attendant with additional training. It is typically utilized for individuals with brain injuries, severe dementia or severe physical disabilities whose needs cannot be met by State Plan PAS. These attendants must have basic PAS training plus 10 hours of disability-specific training plus 4 hours of member-specific training.
3. STA/Life Coach: These providers must have extensive knowledge of the community and community resources. They are not required to have basic PAS training.
4. Private duty nursing: This service is intended for individuals who receive continuous nursing. It is not intended for the short term, occasional, intermittent type nursing. This service is typically used for

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members whose nurse(s) are assigned just to them and they would lost income if the members was absent (Heavy care/CC3 members). Example: If a persona only uses PDN for bowel programs and that nurse works for many other members this would be billed under regular PDN. If the nurse works only for 1 or 2 members exclusively and would lose income and not be able to work elsewhere during the member's absence, then STA PDN should be used.

Provider Qualifications

It is the responsibility of the provider agency to ensure that assistants are appropriately trained under agency-based services or the member under the self-directed and participant directed programs. It is the responsibility of the case management to define and arrange for any specialized training for STAs, other than RN/LPN. The training must be customized to meet the specific needs of the member. Areas of special training may include nursing, assisting an individual with traumatic brain injury, Alzheimer's or extensive physical disabilities. All providers of this service must meet state and licensure requirements for the service being provided.

Procedure Codes for Specially Trained Attendants

The following codes are to be utilized when authorizing a service under the Specially Trained Attendant category:

LPN	S9129
RN	S9123
All other STA services	S5125

Reimbursement for STA:

Money Management – Negotiate a rate lower than STA rate whenever possible
 ADL/IADL and Social/Supervision – STA rate per fee schedule
 STA/Life Coach – Negotiate rate dependent upon skills
 LPN/RN – LPN/RN rate per fee schedule

**RETAINER
PAYMENTS**

Providers of this service may be eligible for retainer payments if authorized by the case management team. Retainer days are days on which the member is either in the hospital, nursing facility, or on vacation. Payment for retainer days may not exceed 30 days or 720 hours per service plan year. Refer to HCBS 410.

Retainer for Specially Trained Attendants:

Money Management – retainer days would not be typically used for this STA.

ADL/IADL and Social/Supervision – Only use retainer days when and if the attendants cannot work for others while the member they work with is absent and they would lose income.

STA/Life Coach – Only use retainer days when and if the attendants cannot work for others while the member they work with is absent and they would lose income.

Private Duty Nursing – Only use retainer days when and if the STA PDN nurse cannot work with others while the member they work with is absent and they would lose income.